

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE
FUNERAL SERVICE INTERN

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

In addition to submitting a completed application, complete the following:

1. Submit a copy of your high school diploma or a copy of your GED equivalent or an official transcript documenting a degree of higher education.

Note: Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.

2. Submit the "Verification of Association or Disassociation of Funeral Service Intern" form (*attached to this application*) completed by the supervising funeral service director.
3. Submit an **\$85.00** non-refundable application-processing fee, made payable to "DOPL."

ADDITIONAL IMPORTANT INFORMATION:

1. **Law Examination:** Enclosed as part of this application is the take-home Utah Funeral Service Law Examination. Return the completed examination with your application for licensure. Do not submit it separately.

The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

- ☐ Division of Occupational and Professional Licensing Act
 - ☐ General Rules of the Division of Occupational and Professional Licensing
 - ☐ Funeral Services Licensing Act
 - ☐ Funeral Services Licensing Act Rules
2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.
 3. **License Renewal:** Funeral service intern licenses are granted only for a period of two years. After two years, if the intern has not qualified for licensure as a funeral service director, the intern license may be reissued for one additional two-year term upon approval by DOPL in collaboration with the funeral services board. Thereafter the person must qualify for licensure as a funeral service director.
 4. **Qualified Professional Education:** Once licensed as a funeral service director, you will be required to complete twenty (20) hours of qualified professional education during each two-year renewal period as a condition of renewing the license.
 5. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.
 6. **Name Change:** If you have been licensed by DOPL under any other name, please submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).
 7. **Acceptable Forms of Payment:** Licensure fees can be paid by check or money order, made payable to "DOPL." Cash and debit/credit cards (*American Express, MasterCard, and Visa*) are also accepted in person at DOPL's main office – but not over the telephone.
 8. **Mail Complete Application to:**
 - By U.S. Mail**
 - Division of Occupational & Professional Licensing
 - P.O. Box 146741
 - Salt Lake City, Utah 84114-6741
 - By Delivery or Express Mail**
 - Division of Occupational & Professional Licensing
 - 160 East 300 South, 1st Floor Lobby
 - Salt Lake City, Utah 84111
 9. **Telephone Numbers:** (801) 530-6628 or (866) 275-3675 – Toll-free in Utah

APPLICATION FOR LICENSURE

GENERAL INFORMATION:

License Applying For: FUNERAL SERVICE INTERN

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Gender: ☐ Male ☐ Female Date of Birth: ____/____/____

Have You Ever Held A Utah License Before? ☐ Yes ☐ No

If Yes, Name of Profession: _____

If Yes, License Number: _____

MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: ____/____/____

Approved By: _____

Date License/Certificate Denied: ____/____/____

Denied By: _____

Reason for Denial/Other Comments: _____

AFFIDAVIT FOR UTAH LAWS AND RULES

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my funeral service practice in Utah and I agree to comply with such.

Signature of Applicant: _____ Date: ____/____/____

EDUCATION REQUIREMENT: *(Use additional sheets if necessary.)*

Name: _____ Dates Attended: _____ To _____

Location: _____

Degree Received: _____ Date of Graduation: ____/____/____

Name: _____ Dates Attended: _____ To _____

Location: _____

Degree Received: _____ Date of Graduation: ____/____/____

Name: _____ Dates Attended: _____ To _____

Location: _____

Degree Received: _____ Date of Graduation: ____/____/____

LICENSES:

List all licenses, registrations, or certifications issued by any state that you now hold or have ever held in any regulated occupation or profession. *(Use additional sheets if necessary.)*

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: ____/____/____

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: ____/____/____

Issuing State: _____ Profession: _____

License Status: _____ License Number: _____ Effective Date: ____/____/____

INTERN SUPERVISION:

Name of Licensed Funeral Service Director Supervisor: _____

Funeral Service Director License Number: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Name of Licensed Funeral Service Establishment: _____

Funeral Service Establishment License Number: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____

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FUNERAL SERVICE QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?
6. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
7. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your clients, or to the public health, safety, or welfare because of any circumstance or condition?
8. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
9. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
10. _____ Have you ever been terminated from a position because of drug use or abuse?
11. _____ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

(Continued on the next page.)

12. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
13. _____ Do you currently have any criminal action pending?
14. _____ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
15. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?
16. _____ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?
17. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?



If you answered “yes” to questions 13, 14, 15, 16, or 17 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.



If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

UTAH FUNERAL SERVICE LAW EXAMINATION

Answer each question. Do not leave any questions blank.

1. _____ Replacing body fluids in a dead human body with preserving and disinfecting chemicals is:
 - A) Calcination
 - B) Mummification
 - C) Embalming
 - D) Entombing
2. _____ After an intern is determined to have sufficient experience, direct supervision is no longer required during the remainder of the internship.
 - A) True
 - B) False
3. _____ How much time does a provider or sales agent have to deposit cash payments for the purchase of a pre-need funeral arrangement?
 - A) 10 business days
 - B) 10 calendar days
 - C) 7 business days
 - D) 7 calendar days
4. _____ The number of embalmings required for an intern's completion of the internship before qualification for licensure as a Funeral Director is:
 - A) 20
 - B) 30
 - C) 40
 - D) 50
5. _____ Any goods or services selected in the preneed contract which are not provided at the time of need, and any earnings accumulated become the property of the sales agent or funeral service director?
 - A) True
 - B) False
6. _____ Each funeral service establishment shall maintain an annual report of preneed trust funds and insurance?
 - A) True
 - B) False

7. _____ It is the responsibility of the funeral service intern to notify the division of any change in the intern's supervising funeral service director?
- A) True
B) False
8. _____ A funeral service director may supervise more than one intern at any given time?
- A) True
B) False
9. _____ A funeral service intern may be denied further licensure if the internship period lasts longer than 4 years?
- A) True
B) False
10. _____ Failing to accurately document, report and supervise the activities of a funeral service intern is considered "Unprofessional Conduct"?
- A) True
B) False
11. _____ Within each 2 year licensing period, a funeral service director is required to complete 20 hours of continuing education?
- A) True
B) False
12. _____ Paying a hospice worker, police officer, nurse or doctor to secure a deceased human remain for disposition is "Unprofessional Conduct"?
- A) True
B) False

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: ____/____/____

Printed Name of Applicant: _____

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VERIFICATION OF ASSOCIATION OR DISASSOCIATION OF FUNERAL SERVICE INTERN

TO BE COMPLETED BY THE SUPERVISING FUNERAL SERVICE DIRECTOR:

Pursuant to Utah Code 58-9-307(3) Supervision of a Funeral Service Intern:

Within 30 days after the day on which the supervisor-supervisee relationship between a licensed Funeral Service Director and a licensed Funeral Service Intern terminates, the Funeral Service Director shall furnish to DOPL a report of the performance of the Funeral Service Intern. The report shall be in a form and content as prescribed by DOPL.

Select one option below (A, B, or C) and complete the corresponding section:

- ☐ A. I am verifying the disassociation of a licensed funeral service intern, who was previously associated with me.

Name of Funeral Service Intern: _____

Address of Funeral Service Intern: _____

Phone: _____ License Number: _____

Dates Supervised: ____/____/____ to ____/____/____

☐ Satisfactory Performance

☐ Unsatisfactory Performance

- ☐ B. I am verifying the association of a licensed funeral service intern.

Name of Funeral Service Intern: _____

Address of Funeral Service Intern: _____

Phone: _____ License Number: _____

(Continued on the next page.)

☐ C. I am verifying the association of an **unlicensed** funeral service intern.

Provide this form to the applicant to submit to DOPL with his/her application for licensure. Pursuant to Utah Administrative Code R156-9-402(9), a Funeral Service Director must assure each supervisee is appropriately licensed as a Funeral Service Intern prior to beginning the supervision. It is unlawful to employ a Funeral Service Intern prior to his/her becoming licensed.

Name of Funeral Service Intern: _____

Address of Funeral Service Intern: _____

Phone: _____

Name of Responsible Licensed Funeral Service Director: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ License Number: _____

Name of Funeral Service Establishment: _____

Street: _____

City: _____ State: _____ Zip: _____

Telephone: _____ License Number: _____

I do hereby certify that I am a licensed funeral service director in the state of Utah, and that the above information is accurate. I have read the current Funeral Service Licensing Act and Rules and understand the requirements of supervising an intern. I further certify that I have met all of the requirements of eligibility to be an approved funeral service director supervisor, and to the best of my knowledge there is no reason that I am not competent or qualified to supervise. I further certify that I will comply with all the requirements of laws and rules governing the practice of funeral service and that I am responsible to ensure that the person named as the applicant complies with the requirements of law and rule. I agree as provided by applicable law to notify DOPL within 30 days of the termination of the supervision of the intern and to provide a report on the performance of the intern during the period of supervision.

Signature of Supervising Funeral Service Director: _____

Date of Signature: ____/____/____